REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/460,951
	Filing Date	12/14/1999
	First Named Inventor	Carlino Panzera
	Art Unit	
	Examiner Name	
	Attorney Docket Number.	173P023

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☑ I hereby appoint the practitioners associated with the Customer Number: 28-264

☑ Please change the correspondence address for the above-identified application to:

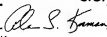   ☑ The address associated with Customer Number: 28-264

OR

☐	Firm or Individual Name	
	Address	
	City	State	Zip
	Country	
	Telephone	Email

I am the:

☐ Applicant/Inventor.

☑ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	*Alu S. Korman*
Name	Alan Korman
Date	11/8/07	Telephone	716-691-2280

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.